

PATIENTS' RIGHTS - AUDIT FORM
PART III - CLIENT/PATIENT INTERVIEW

DATE OF INTERVIEW: _____ P.R.A. NAME: _____

CLIENT NAME: _____ SEX: _____ AGE: _____

CHART/CASE #: _____ ADMISSION DATE: _____

LEGAL STATUS AT ADMISSION: _____

CURRENT LEGAL STATUS: _____

1. ON ADMISSION DID ANYONE EXPLAIN TO YOU WHAT YOUR RIGHTS ARE?

A. DO YOU UNDERSTAND THESE RIGHTS?

B. DO YOU HAVE ANY QUESTIONS ON ANY OF THESE RIGHTS?

2. IS THIS YOUR FIRST HOSPITALIZATION?

A. HOW DOES THIS HOSPITALIZATION COMPARE WITH PREVIOUS?

3. HOW ARE YOUR ACCOMMODATIONS?

A. IS YOUR ROOM CLEAN AND COMFORTABLE?

B. DO YOU HAVE ANY PROBLEMS WITH YOUR ROOMMATE?

C. WERE YOU ABLE TO TALK TO STAFF ABOUT THOSE PROBLEMS?

D. WAS THE OUTCOME/RESULTS FAVORABLE?

4. ON ADMISSION, DID STAFF ORIENTATE YOU TO THE UNIT?

A. EXPLAIN THE RULES & EXPECTATIONS OF THE UNIT TO YOU WHILE IN THE HOSPITAL?

5. HAVE YOU BEEN ALLOWED TO SEE VISITORS EACH DAY?

A. HAS THERE EVER BEEN A TIME WHEN YOU WERE NOT ALLOWED VISITORS?

6. HAVE YOU BEEN ALLOWED TO WEAR YOUR OWN CLOTHING?

A. HAVE THERE BEEN ANY ARTICLES OF CLOTHING YOU WERE NOT ALLOWED TO WEAR?

B. HAVE THERE BEEN ANY SET LIMITS ON THE AMOUNT OF CLOTHES YOU CAN KEEP IN YOUR ROOM?

7. HAVE YOU BEEN ABLE TO MAKE AND/OR RECEIVE CONFIDENTIAL TELEPHONE CALLS?

A. HAVE YOU HAD ANY PROBLEMS WITH MAKING/RECEIVING TELEPHONE CALLS?

B. PAY PHONES-ARE YOU ALLOWED TO GET CHANGE FOR THE PHONES?

8. DO YOU HAVE ACCESS TO LETTER WRITING MATERIALS, INCLUDING STAMPS?

A. HAVE YOU BEEN ABLE TO RECEIVE/SEND "UNOPENED" CORRESPONDANCE?

9. HAVE YOU BEEN ALLOWED TO KEEP AND SPEND A REASONABLE AMOUNT OF MONEY?

10. HAVE OR ARE YOU ALLOWED TO CONTACT THE PATIENTS' RIGHTS ADVOCATE?

A. HAS ANYONE EVER DISCOURAGED YOU FROM CONTACTING THE ADVOCATE?

11. IS YOUR PRIVACY RESPECTED BY STAFF?

A. HAS THERE BEEN ANYTIME THAT YOU FEEL IT WASN'T?

12. DO YOU FEEL THAT YOU ARE TREATED WITH DIGNITY AND RESPECT BY STAFF?

A. HAS THERE EVER BEEN ANYTIME YOU FELT THAT YOU WEREN'T?

13. ARE YOU CURRENTLY ON ANY PSYCHOTROPIC MEDICATIONS?

A. DID YOUR DOCTOR OR NURSING STAFF EXPLAIN THE RISKS & BENEFITS OF THIS MEDICATION?

B. DID STAFF EXPLAIN THE POSSIBLE SIDE EFFECTS OF THIS MEDICATION & WHICH SIDE EFFECTS SHOULD BE REPORTED TO THE STAFF?

C. DID YOU SIGN A CONSENT FORM FOR THIS MEDICATION?

14. DID STAFF EXPLAIN TO YOU THAT YOU HAVE THE RIGHT TO REFUSE THE MEDIATION?

A. DID STAFF TELL YOU THAT YOU CAN WITHDRAW YOUR CONSENT AT ANYTIME?

15. HAVE NEEDED ANY MEDICAL ATTENTION FOR ANY MEDICAL CONDITION/ILLNESS?

A. WERE YOU ABLE TO RECEIVE THAT ATTENTION PROMPTLY?

16. HAVE EVER BEEN IN SECLUSION?

A. DID YOU FEEL THERE WAS A NEED FOR YOU TO BE IN SECLUSION?

B. DID STAFF TRY AN ALTERNATIVE OR LESS RESTRICTIVE METHOD?

C. DO YOU REMEMBER HOW LONG YOU WERE IN SECLUSION?

D. DID STAFF TELL YOU WHAT HAD TO DO IN ORDER TO GET OUT OF SECLUSION?

17. ARE YOU ABLE TO EXERCISE AND TO GO OUTSIDE?

18. HAVE EVER HAD ANY OF YOUR RIGHTS TAKEN AWAY FROM YOU?

A. WERE YOU TOLD THE REASON WHY?

B. WERE YOU TOLD WHEN OR HOW YOU WOULD GET THAT RIGHT BACK?

19. ARE YOU HERE ON A VOLUNTARY OR INVOLUNTARY BASIS?

A. DO YOU KNOW WHAT YOUR LEGAL STATUS IS? (5150, VOL, INVOLUNTARY)

B. DID THE STAFF ASK YOU IF YOU WOULD BE WILLING TO STAY ON A VOLUNTARY STATUS?

C. DO YOU UNDERSTAND OR KNOW WHAT A VOLUNTARY STATUS MEANS? (YOU WOULD AGREE TO BE HERE FOR ANY TREATMENT. YOU CAN ASK TO LEAVE AT ANYTIME.)

D. HAVE YOU HAD A CERTIFICATION REVIEW HEARING DURING THIS HOSPITALIZATION?

E. DID STAFF EXPLAIN THE HEARING PROCESS TO YOU AT THE TIME YOU WERE SERVED WITH PAPERWORK?

F. DID STAFF EXPLAIN A WRIT OF HABEAS CORPUS TO YOU?

G. DID YOU HAVE ANY PERIOD OF TIME YOU WERE ON A VOLUNTARY STATUS?

H. IF SO, HOW MANY DAYS?

20. HOW OFTEN DO YOU SEE THE PHYSICIAN?

A. FOR HOW LONG A VISIT?

21. IS THERE ANYTHING THAT YOU WOULD LIKE TO SAY, GOOD OR BAD ABOUT YOUR HOSPITALIZATION AT THIS FACILITY?

22. DO YOU HAVE ANY OTHER COMPLAINTS ABOUT YOUR HOSPITAL STAY? (FOOD, ACTIVITIES, ETC.)

23. ADVANCE DIRECTIVES:
WERE YOU PROVIDED THE INFORAMTION? ___ NO ___ YES
DO YOU HAVE ADVANCE DIRECTIVES? ___ NO ___ YES
DO YOU WANT FURTHER INFORMATION? ___ NO ___ YES